



PATENT
450100-02329

AF
2700

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Tetsujiro KONDO et al.

Serial No. : 09/500,356

For : DATA PROCESSING METHOD AND APPARATUS

Filed : February 7, 2000

RECEIVED

Examiner : Daniel Mariam

MAR 18 2004

Art Unit : 2621

Technology Center 2600

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March 12, 2004.

Dennis M. Smid, Reg. No. 34,930

(Name of Applicant, Assignee or Registered Representative)

Signature

March 12, 2004

Date of Signature

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action of December 12, 2003, please amend this application as follows.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) Tetsujiro KONDO et al.
 Serial No. 09/500,356
 Filed February 7, 2000
 For DATA PROCESSING METHOD AND APPARATUS
 Examiner Daniel Mariam
 Art Unit 2621



745 Fifth Avenue
New York, NY 10151

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

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Technology Center 2800

Transmitted herewith is an amendment in the above-identified application.

- No additional fee is required.
- The fee has been calculated as shown below.
- This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	19	Minus	** =20	* 0 x	\$18 (9)	= \$ 0
Independent claims	2	Minus	*** =3	* 0 x	\$84 (42)	= \$ 0
Total additional fee for this amendment						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- This application contains a multiple dependent claim. The required fee of \$280(140) has been previously paid , or is paid herewith .
- This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- A check in the amount of \$_____ is attached, which covers the cost of additional claims _____.petition for extension of time.
- Charge \$_____ to Deposit Account No. 50-0320.
- Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March 12, 2004.

Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

March 12, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:

Dennis M. Smid
Reg. No. 34,930
Tel: 212-588-0800